

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____								
							APPLICANT(S) _____									
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.		IND.	DEP.		IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18			5				68									
19			2				69									
20			2				70									
21			2				71									
22			3				72									
23			5				73									
24			5				74									
25			5				75									
26			3				76									
27			1				77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.		6		TOTAL DEP.		TOTAL DEP.		160	
TOTAL DEP.							TOTAL DEP.		160		TOTAL CLAIMS		TOTAL CLAIMS		166	